



## Editorial

# Perspectives on this issue of the IJS

The Holy Grail of surgical research, the randomized controlled trial, has been questioned in one of the most outstanding articles we have had the privilege to publish for many issues. The authors of this systematic review of the quality of randomized controlled trials examined whether or not urological trials complied with the CONSORT statement. There are 22 CONSORT items and each were scored 1 giving a "CONSORT" score. No trial scored 22 and it should be noted that the CONSORT statement stated these to be essential not optional. The Scandinavian countries and Belgium were the best but only scored 13 plus with the United Kingdom next at 12.7 and then Hong Kong, Canada, The Netherlands and Poland at 12. The average score was only 50% at 11.1 and little better for specialties other than Urology at 11.2. Most randomized controlled trial emanated from the USA (17) followed by the United Kingdom (14) and then Egypt (8), the latter probably reflecting their interest in Urological diseases.

Interestingly, no surgical association supports the CONSORT statement, though across the world >200 journals supported it (only 13 surgical), as do 30 major health organizations. Surgical trials are not just difficult to perform but are poorly reported as well. Why this poor compliance? The authors pose the possible reply – is it a function of ignorance of the CONSORT statement, inability to conduct a proper randomized controlled trial or intellectual laziness? It must be asked who are to blame? The authors, trial sponsors or the editors of journals? And if we realise that the CONSORT statement scores are merely yes/no (inclusion/exclusion) scores not including quality, how much more damning is this poor compliance.

In this issue, once again we are short in pure research papers, though two trials are reported. The majority of articles are on technical subjects, which is as it should be, surgery being a craft specialty. Learning away from the operating room in skill centres is of increasing importance, as the number of patients in first and second world countries decrease due to increasing numbers of specialists. As litigation increases resulting in demand for a Consultant/Specialist based service, the number of training operations decrease. Also, in Europe, the European Working Time Directive makes exposure to surgery in the operating room less possible. Four papers on technique alone or how to deal with certain technical aspects in an operation are therefore important inclusions.

Audit is second only to a randomized controlled trial to ensure change will occur and evidence based medicine/surgery is practised. The article on intravenous fluid administration in elderly patients at a London Hospital is therefore an important one to be read by all. Information on line is ever increasing and the article on how surgeons can find such information will be welcomed by most of you. We also include Part 2 of the Islamic Ethics paper, which underlines our commitment to publishing the important topics of research, audit and ethics, as well as technical papers.

May I take this opportunity of congratulating Thomas Schlich, who was awarded the Harold Ellis Prize 2007 for his paper on Nobel Prizes for Surgeons: Recognition of the Surgical Healing Strategy, published in Volume 5, Issue 2, April 2007. The last surgeon awarded the Nobel Prize, Joseph E. Murray was in 1990 but all four surgical recipients are well covered in this fascinating article, which I commend to all our readers. Finally, there is an article on the Arts and Humanities entitled "The world is shaken by unprecedented geomagnetic forces".

In the light of this, at the end of my first year as Editor-in-Chief, I can reflect that the world is still an unsettled place. Medicine/surgery is still unavailable/unaffordable in many countries, war and unrest soak up billions of GNP, whilst dictatorships and natural disasters have wreaked havoc across the globe. However, the International Journal of Surgery has continued to shine through, improving with each Issue. May I take this opportunity of wishing you all a happy festival, be it Diwali, Ramadan, Chanukah, Thanksgiving or Christmas, or any other festival that I have omitted. May 2008 be a more productive and hopefully peaceful year.

David Rosin, Editor-in-Chief  
International Journal of Surgery, The Royal College of  
Surgeons of England, St. Mary's Hospital, Imperial College  
School of Medicine, Praed Street, London W2 1NY, UK  
E-mail address: [rdrosin@uk-consultants.co.uk](mailto:rdrosin@uk-consultants.co.uk)

13 November 2007

1743-9191/\$ – see front matter  
© 2007 Published by Elsevier Ltd on behalf of Surgical  
Associates Ltd.  
doi:10.1016/j.ijsu.2007.11.003